FMLA LEAVE REQUEST FORM RELATED TO COVID-19
(FAMILY FIRST CORONA RESPONSE ACT)

Name: _____

Telephone Number: _____

Department: _____

Supervisor: _____

Dates of Leave Needed: _____

The Families First Coronavirus Response Act expands the Family and Medical Leave (FMLA) Act to allow some employees to use FMLA time for the following reasons:

- When the employee is unable to work (or telework) due to a need for leave to care for his or her Child(ren) whose school or Place of Care is closed (or Child Care Provider is unavailable) due to COVID-19 related reasons.

Are you requesting FMLA leave because of this reason? _____ Yes   _____ No

If Yes, you must provide the following information:
1. Name(s) and age(s) of Child(ren) being cared for.
2. Name(s) of school, Place of Care, or Child-Care Provider that closed or became unavailable due to COVID-19 reasons.
3. A statement representing that no other suitable person is available to care for the child(ren) during the period of requested leave.
4. Documentation supporting your request. For example, this could include a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child-care provider.

Name(s) and Age(s) of Child(ren): _____

Name of School, Place of Care, or Child-Care Provider Closed/Unavailable: _____

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I, _____, with my signature below, certify that I need leave to care for my Child(ren) whose school or Place of Care is closed (or Child Care Provider is unavailable) due to COVID-19 related reasons. I also certify that there is no suitable person to care for my child(ren) during the period of leave requested. I also certify that the documentation I provide in support of my need for leave is true, accurate, and legitimate. I also certify that I will provide notification as soon as my reason for leave is no longer effective.

Signature: _____   Date: _____

Supervisor Approval _____	*Date _____/_____/_____*
HR Approval _____	*Date _____/_____/_____*

Updated 04.20.2020